



**DELAWARE HEALTH AND SOCIAL SERVICES**  
**Division of Child Support Enforcement**

**Request for Change of Name**

Please complete all information on this form to assist us in accurately updating your account to reflect your current name. ***PLEASE PRINT ALL INFORMATION.***

***A copy of verification of the legal name change (i.e. marriage certificate/divorce decree, court order, copy of current driver's license) must accompany this form.***

Former Name: \_\_\_\_\_

Current Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec.: \_\_\_\_\_

DCSE Case Number(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

Street

Development or Apartment Complex

City, State, Zip Code

Phone Number

**Declaration:** I declare under the penalties of perjury that the information given by me on this form is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_